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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 12296-17US-3

First Inventor Marcel HUARD

Title METHOD FOR PLAYING AN IMPROVED ROULETTE CASINO
GAME WITH PLAYING CARDS

Express Mail Label No.

APPLICATION ELEMENTS
See MPEP chapter 600 concerning utility patent application contents.

1. *Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Applicant claims small entity status.
See 37 CFR 1.27.
3. Specification [Total Pages 39]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix.
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s) (35 U.S.C. 113) [Total Sheets 10]
5. Oath or Declaration [Total Pages 3]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b).
6. Application Data Sheet. See 37 CFR 1.76.

ADDRESS TO:
Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 C.F.R. 3.73 (b) Statement Power of Attorney
(when there is an assignee)
11. English Translation Document (if applicable)
12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent
17. Other: _____

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No: 09/912,428

Prior application information: Examiner

William M. PIERCE

Group / Art Unit: 3711

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

Customer Number Label

20988

(Insert Customer No. here)

or Correspondence address below

Name			
Address			
City	State	Postal Code or Zip Code	
Country	Telephone	Fax	

Name (Print/Type)	Isabelle CHABOT		Registration No. (Attorney/Agent)	P-55,764
Signature	<i>Isabelle Chabot</i>		Date	January 21, 2004

The PTO did not receive the following listed item(s)

The PTO did not receive the following listed item(s) *WITH OR DECLINATION*10/761312
012204

13281
012204
U.S. PTO

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FEE TRANSMITTAL for FY 2004		Complete if Known	
Effective 10/01/2003. Patent fees are subject to annual revision.		Application Number	
		Filing Date	
		First Named Inventor	Marcel HUARD
		Examiner Name	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	
TOTAL AMOUNT OF PAYMENT (\$) 439.00		Attorney Docket No.	12296-17US-3

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																														
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FEE CALCULATION		1. BASIC FILING FEE <table border="1" style="width: 100%;"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td>385.00</td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4"></td> <td>SUBTOTAL (1) (\$)</td> <td>385.00</td> </tr> </tbody> </table>		Large Entity	Small Entity		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	1001	770	2001	385	Utility filing fee	385.00	1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee						SUBTOTAL (1) (\$)	385.00
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		<table border="1" style="width: 100%;"> <thead> <tr> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> <tr> <th>Total Claims</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>23</td> <td>- 20** = 3</td> <td>18 = 54.00</td> </tr> <tr> <td>Independent Claims</td> <td>- 3** = 0</td> <td>0 = 0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>54.00</td> </tr> </tbody> </table>		Extra Claims	Fee from below	Fee Paid	Total Claims			23	- 20** = 3	18 = 54.00	Independent Claims	- 3** = 0	0 = 0.00	Multiple Dependent		54.00																														
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** or number previously paid, if greater; For Reissues, see above		SUBTOTAL (3) (\$) _____																																														

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Isabelle CHABOT	Registration No. (Attorney/Agent)	P-55,764
Signature	<i>Isabelle Chabot</i>		
	Date	January 21, 2004	